

Community Intervention Service COPD Admission Avoidance

For further guidance please refer to COPD Diagnosis/Management Pathway in Primary Care

Once complete please return this form to:

Email : suffolk.ccc@esneft.nhs.uk

If current or past known Type 2 respiratory failure – arrange emergency admission through normal pathway	
Referral Criteria Listed below are criteria for admission avoidance. Please confirm all areas have been met before completing the form:	
<input type="checkbox"/> Confirmed diagnosis of COPD, registered on QoF database? <input type="checkbox"/> Bronchodilator usage has been increased? <input type="checkbox"/> Course of antibiotics and Prednisolone initiated? <input type="checkbox"/> You are actively considering hospital admission for this patient?	
Patient Name NHS No. Home Address Postcode Tel No D.O.B Sex M <input type="checkbox"/> F <input type="checkbox"/> Does patient live alone? Yes <input type="checkbox"/> No <input type="checkbox"/> Does patient have support at home? Yes <input type="checkbox"/> No <input type="checkbox"/> Is patient at above address? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please specify address including postcode?	Next of Kin (Relationship) Work Tel No. Home Tel No. Preferred Contact (Carer/Neighbour etc) Work Tel No. Home Tel No.

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Referrer Details Name of referrer & Position: Date & Time of referral: GP: GP Address: Telephone Contact:
Current history and Interventions undertaken to Avoid Admission (list antibiotic and prednisolone used) current medication may be listed or attached: (Please Complete) Own nebuliser unit <input type="checkbox"/> Own Oxygen <input type="checkbox"/>

Known Allergies/Drug Reactions:	
Past Medical History (PMH)	Others currently involved <input type="checkbox"/> Matron <input type="checkbox"/> District Nurse <input type="checkbox"/> Social Care <input type="checkbox"/> Heart Failure Team <input type="checkbox"/> OT <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Other (please indicate):
Does the patient have a frailty score known? Y <input type="checkbox"/> N <input type="checkbox"/> If yes please specify (mild, moderate, severe or Rockwood score 1-9):	

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